



PREVALENCE OF BABY BLUES SYNDROME AND ASSOCIATED FACTORS AMONG POSTPARTUM WOMEN IN MAKASSAR CITY, INDONESIA: A CROSS-SECTIONAL STUDY

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ABSTRACT

Postpartum (puerperium) is the period during which the internal genitalia return to normal, which lasts approximately 42 days or 6 weeks. This period is characterized by physical and hormonal changes, as well as adaptation to the new role of motherhood, which can trigger mood disorders, one of which is baby blues syndrome. This study aims to determine the prevalence of baby blues syndrome in postpartum mothers in Makassar City. The study used a quantitative approach with a cross-sectional design and purposive sampling technique. The study involved 179 postpartum mothers in the service areas of four community health centers (Puskesmas) in Makassar City, namely Paccerrakkang, Bara-Barayya, Tamangapa, and Tamalate. The instrument used was the Maternal Blues Scale questionnaire by Suryani Manurung. Data analysis was carried out using univariate analysis in the form of frequency distributions and percentages, and bivariate analysis using the Chi-square test. The results showed that 24 of the 179 respondents (13.4%) experienced baby blues syndrome. Bivariate analysis showed that age, education level, occupation, income, and parity were not significantly associated with the prevalence of baby blues syndrome in postpartum mothers. The results indicate that baby blues syndrome remains a mental health issue that requires special attention.

ABSTRAK

Postpartum (puerperium) merupakan periode kembalinya organ genitalia interna ke kondisi normal yang berlangsung sekitar 42 hari atau 6 pekan. Periode ini ditandai dengan perubahan fisik, hormonal, serta adaptasi terhadap peran baru sebagai ibu yang dapat memicu gangguan suasana hati, salah satunya baby blues syndrome. Penelitian ini bertujuan untuk mengetahui prevalensi atau tingkat kejadian baby blues syndrome pada ibu postpartum di Kota Makassar. Penelitian menggunakan metode kuantitatif dengan pendekatan cross-sectional dan teknik purposive sampling. Penelitian melibatkan 179 ibu postpartum pada empat wilayah kerja puskesmas di Kota Makassar, yaitu Puskesmas Paccerrakkang, Bara-Barayya, Tamangapa, dan Tamalate. Instrumen yang digunakan adalah kuesioner Maternal Blues Scale oleh Suryani Manurung. Analisis data dilakukan secara univariat berupa distribusi frekuensi dan persentase serta analisis bivariat menggunakan uji Chi-square sebagai data pendukung. Hasil penelitian menunjukkan bahwa 24 dari 179 responden (13,4%) mengalami baby blues syndrome. Analisis bivariat menunjukkan bahwa usia, tingkat pendidikan, pekerjaan, pendapatan, dan paritas tidak memiliki hubungan yang bermakna dengan kejadian baby blues syndrome pada ibu postpartum. Hasil penelitian menunjukkan bahwa baby blues syndrome masih merupakan masalah kesehatan mental yang memerlukan perhatian khusus.

INTRODUCTION

The postpartum period, or puerperium, is often a time of emotional and psychological stress for women. During this phase, the body undergoes various physiological changes, including the recovery

of the reproductive organs. The puerperium is the period during which the internal genitalia return to normal. This period lasts approximately 42 days or 6 weeks, beginning after the baby and placenta are delivered and ending when the uterus gradually returns to its normal shape (Matjino et al., 2022). During the postpartum period, significant physical changes occur that will persist in a woman and indicate that she has given birth. These changes involve several body parts, including the musculoskeletal system, vagina, and cervix (Mertasari & Sugandini, 2020).

In addition to physical changes, mothers also face significant psychological challenges. Adapting to the presence of a newborn and the demands of providing optimal care can be a heavy emotional burden (Moyo & Djoda, 2020). Every postpartum mother can experience mixed feelings and unpredictable emotional changes, such as feeling tired and then suddenly happy, or experiencing anxiety and even signs of depression at varying levels (Nurhidayah et al., 2024). Difficulties adapting to the new role of motherhood often lead to feelings of low self-confidence, stress, and psychological distress. Many mothers experience deep sadness and despair due to their perceived inability to properly care for their babies, which can ultimately impact their mental well-being (Setianingsih et al., 2024). In the Theory of Maternal Role Achievement by Ramona T. Mercer, it is stated that a mother should not have low self-esteem, because this can affect the process of changing her identity as a mother and reduce satisfaction in carrying out her role. A lack of self-confidence in mothers can slow adaptation to their new role and limit satisfaction in carrying out their maternal duties. These feelings can make a mother reluctant to care for her baby, a condition often called postpartum blues (Arif et al., 2023).

Based on *World Health Organization (WHO) 2019*, globally, approximately 10% of pregnant women and 13% of postpartum women are diagnosed with mental health problems, particularly mood disorders. In developing countries, the prevalence is higher, at 15.6% during pregnancy and 19.8% after delivery. These disorders fall within the perinatal mental health spectrum, which includes mild conditions such as baby blues syndrome. Baby blues is a mild emotional disorder and is typically found in approximately 30–80% of women after childbirth. According to the United States Agency for International Development (USAID) in 2021, the prevalence of baby blues was reported in several countries, such as Japan (15–50%), the United States (27%), France (31.7%), Nigeria (31.3%), and Greece (44.5%). Meanwhile, in Asia, 26–85% of cases of baby blues syndrome were reported. Meanwhile, national data taken from the National Population and Family Planning Board (BKKBN) in 2024, 57% of postpartum mothers in Indonesia showed clinical signs of baby blues, a mild psychological condition/problem that occurs during the postpartum period. This condition causes Indonesia to have the highest prevalence of baby blues in Asia. Meanwhile, in Makassar itself, several studies have shown a high prevalence of baby blues syndrome, such as a study conducted by Yuliandini et al., (2023) that explained that in South Sulawesi, specifically in Makassar City, within the working area of Daya Makassar Regional Hospital, it was found that 33.3%, or 10 postpartum mothers, suffered from baby blues, with a sample of 30 respondents. Meanwhile, the results of the research conducted by Abbas et al., (2022) at the Lusia Sandaden BPS in Sudiang Raya Village, Biringkanaya District, Makassar City, found that 33.33% (37 people) of postpartum mothers experienced Baby Blues Syndrome. Meanwhile, in the work areas of the Bara-Barayya Community Health Center, the New Jumpandang Community Health Center, and the Mamajang Community Health Center, there were 40 postpartum mothers who suffered from baby blues syndrome in 2019 (Prianti & Handayani, 2019).

Baby blues syndrome not only affects a mother's mental state but also directly impacts her physical health after childbirth. One significant impact is disruption to the healing process of postpartum wounds. When a mother experiences emotional stress and fatigue due to hormonal changes and the demands of her new role as a mother, her body tends to be slower to respond to the wound healing process. Furthermore, this syndrome can also cause sleep disorders such as insomnia, where the mother has difficulty falling asleep or even wakes up throughout the night, despite being extremely tired. (Harianis & Sari, 2022).

Psychologically, baby blues syndrome causes profound emotional distress for new mothers. Symptoms include more than just fleeting feelings of sadness, but also extreme emotional fluctuations, such as crying easily, irritability, and intense anxiety about motherhood. If this emotional instability persists and lacks proper support and treatment, it can develop into a more serious mental health disorder, such as postpartum psychosis. This disorder is characterized by severe depression, delusions,

and even a tendency to engage in risky and dangerous behaviors, potentially endangering both the mother and the baby, such as harming or neglecting them (Khairunnisa & Abdullah, 2022) & (Harianis & Sari, 2022).

Baby blues is a major concern for postpartum mothers, especially first-time mothers (primiparas). Good mental and psychological preparedness is essential to ensure the physiological and psychological health of the mother and the baby. Researchers have observed a significant increase in cases of baby blues in South Sulawesi, particularly in Makassar City, requiring increased attention. Therefore, in-depth research on the prevalence of baby blues in Makassar City is crucial.

Although several studies on *baby blues syndrome* have been conducted in Makassar, most were limited to a single healthcare facility with relatively small sample sizes. Moreover, studies describing the prevalence of *baby blues syndrome* across multiple primary healthcare centers using the Maternal Blues Scale (MBS) remain limited. Therefore, this study aimed to provide a more representative overview of the prevalence of *baby blues syndrome* among postpartum mothers in Makassar City.

Unlike previous studies, which were generally conducted at a single healthcare facility with a relatively small number of respondents, this study provides a more comprehensive overview of the prevalence of baby blues syndrome in postpartum mothers in Makassar City, involving four community health centers (Puskesmas) and a larger sample size. In addition to using the Maternal Blues Scale (MBS) instrument specifically developed to identify baby blues, this study also describes the patterns of internal and external symptom responses and the characteristics of the respondents, thus providing a more comprehensive overview of the psychological condition of postpartum mothers in Makassar City.

This study reveals that cases of baby blues in Makassar City still receive insufficient attention in terms of treatment and prevention. The study focused on mothers within one to two weeks of giving birth in Makassar City. This study aimed to analyze the prevalence of baby blues in Makassar City, using data from several community health centers in Makassar as the research subjects.

METHOD

This study used quantitative research, utilizing numerical data collected through questionnaires and analyzed statistically. Prior to the study, the researcher obtained ethical clearance from the Health Research Ethics Committee of the Faculty of Medicine and Health Sciences, Universitas Islam Negeri Alauddin Makassar, with the number C.128/KEPK/FKIK/VII/2025, in accordance with applicable regulations to ensure the protection of the rights, safety, and confidentiality of respondents during the research process. All respondents were also given an explanation of the purpose of the study and were asked to provide informed consent before participating in the study.

Type of Research

This study used a cross-sectional approach, intended to describe the prevalence of baby blues among postpartum mothers in Makassar City over a specific time period.

Place and Time of Research

This research was conducted in four community health centers (Puskesmas) in Makassar City: Paccerrakkang Community Health Center, Bara Barayya Community Health Center, Tamangapa Community Health Center, and Tamalate Community Health Center. The study took place from September 10, 2025, to December 4, 2025.

Population and Sample

The total study population consisted of 323 postpartum mothers within the service areas of the Paccerrakkang, Bara Barayya, Tamangapa, and Tamalate Community Health Centers (Puskesmas). Based on a significance level of 0.05, the study sample comprised 179 respondents selected using purposive sampling in accordance with established inclusion and exclusion criteria. Inclusion criteria covered postpartum mothers who had undergone either spontaneous or assisted deliveries, were within two weeks postpartum, and consented to participate in the study. Exclusion criteria included postpartum mothers with psychiatric disorders; those experiencing severe or moderate mental health issues or

currently undergoing medical or psychological therapy; and those suffering from postpartum complications.

Data Collection

Data collection in this study used the Maternal Blues Scale (MBS) questionnaire, developed by Suryani Manurung (Manurung et al., 2019), specifically designed to identify the risk of postpartum blues in mothers after childbirth. Each statement in the questionnaire was structured on a 5-level Likert scale, with alternative answers: Very Often (SS), Often (S), Usually (B), Rarely (J), and Very Rarely (SJ). Scores were assigned differently depending on the type of statement.

In terms of measuring instrument quality, this questionnaire has passed validity and reliability tests with very satisfactory results. A Cronbach's Alpha value of ≥ 0.9 indicates excellent internal consistency, indicating its reliability in consistently measuring maternal psychological well-being.

Data Analysis and Processing

Respondents were classified into two groups based on their Maternal Blues Scale (MBS) scores: those with baby blues syndrome (score ≥ 53) and those without (score < 53). Data were analyzed using descriptive (univariate) statistics to summarize respondent characteristics and the prevalence of baby blues syndrome, while the Chi-square test (bivariate) was used to examine the association between respondent characteristics (age, education, occupation, income, and parity) and baby blues syndrome, with a significance level of $p < 0.05$.

RESULT

1. Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Age		
<20 years old	7	3.9
20-35 years old	154	86.0
>35 years old	18	10.1
Last Education		
No Education	2	1.1
Elementary school	10	5.6
Middle school	15	8.4
High school	91	50.8
>Bachelor's degree	61	34.1
Job		
Not Working	141	78.8
Working	38	21.2
Income		
>Rp3.385.145	103	57.7
<Rp3.385.145	76	42.5
Number of Children		
Primiparous (1 child)	80	44.7
Multiparous (>2 children)	99	55.3
Total	179	100

Source: Primary Data, 2025

Based on the results of data processing in Table 1, most respondents were aged 20–35 years, as many as 154 people (86.0%), and the majority had completed high school, as many as 91 people (50.8%). In addition, the majority who chose not to work were 141 people (78.8%), had an income of more than IDR3,385,145, as many as 103 people (57.7%), and were in the multiparous category, namely 99 people (55.3%). On the other hand, the smallest proportion of respondents was found in the category

of not attending school, as many as 2 people (1.1%), followed by the elementary school level, as many as 10 people (5.6%). Meanwhile, respondents with incomes less than IDR3,385,145 were 76 people (42.5%), and respondents in the primiparous category were 80 people (44.7%).

2. Frequency Distribution of Baby Blues Syndrome

Table 2. Frequency Distribution of Baby Blues Syndrome

Baby Blues Syndrome	Frequency (n)	Percentage (%)
Yes	24	13.4
No	155	86.6
Total	179	100

Source: Primary Data, 2025

Based on the research results in Table 2, it can be seen that the majority of respondents in this study did not experience baby blues syndrome, namely 155 respondents (86.6%). Meanwhile, 24 respondents (13.4%) experienced baby blues syndrome.

Tabel 3. Frequency Distribution of External Factors of Baby Blues Syndrome

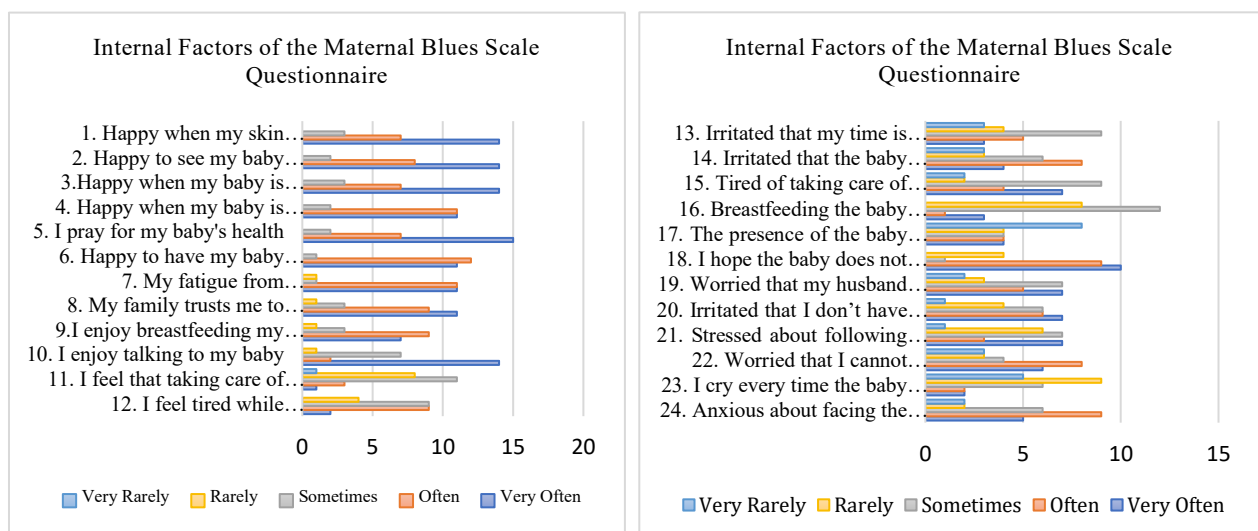
Support Resources	Frequency (n)	Percentage (%)
Adequate	131	73.2
Inadequate	48	26.8
Total	179	100

Source: Primary Data, 2025

Based on the research results in Table 3, it is known that the majority of respondents (131 respondents) received adequate external support. Meanwhile, 48 respondents (26.8%) received inadequate external support.

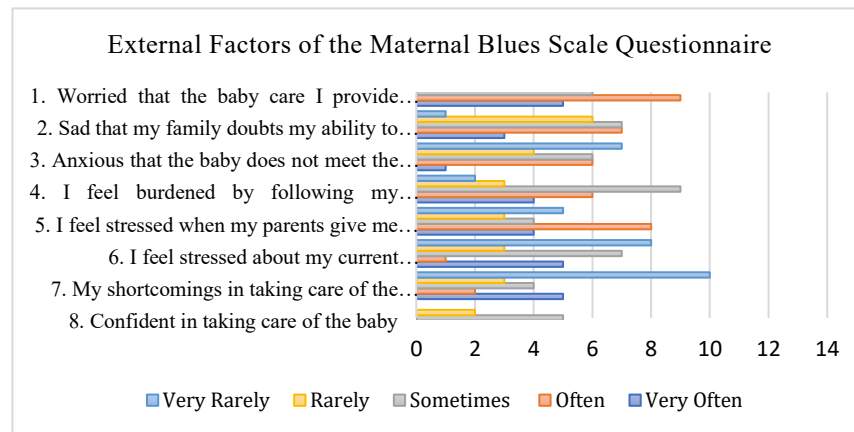
3. Questionnaire Question Analysis Maternal Blues Scale

Based on Chart 1, the results of the analysis of questions in the internal question group totaled 24 items, including 11 positive statements and 13 negative statements, while the external statements totaled 8 items, consisting of 1 positive statement and 7 negative statements. In the internal statement group, item number 18, which reads "I hope the baby does not disturb me when I rest" is the statement with the most negative answers, with 19 mothers answering "often" and "very often".



Source: Primary Data, 2025

Chart 1. Internal Factors of the MBS



Source: Primary Data, 2025

Chart 2. External Factors of the MBS

Based on Chart 2, the external question group consists of 8 items, including 1 positive statement and 7 negative statements. In the external statement group, item number 1, "*Worried that the baby care I provide does not meet my family's expectations*" received the highest number of negative responses, with 14 mothers responding "often" and "very often."

4. The Relationship Between Respondent Characteristics and The Occurance of Baby Blues Syndrome

Table 4. Relationship between respondent characteristics and the occurrence of baby blues syndrome

Variables	Baby Blues Syndrome	No Baby Blues Syndrome	P-value	Cramer's V
Age			0.309	0.115
<20 years old	0	7		
20-35 years old	23	131		
>35 years old	1	17		
Last Education			0.754	0.103
No Education	0	2		
Elementary school	1	9		
Middle school	3	12		
High school	10	81		
>Bachelor's degree	10	51		
Job			0.307	0.076
Not Working	17	124		
Working	7	31		
Income			0.597	0.039
>IDR3.385.145	15	88		
<IDR3.385.145	9	67		
Paritas Number of Children			0.904	0.009
Primiparous (1 child)	11	69		
Multiparous (>2 children)	13	86		
TOTAL	24	155		

Source: Primary Data, 2025

Based on Table 4, the characteristics of respondents in this study include age, highest education, employment status, income level, and number of children. Of the total 179 respondents, the majority of respondents were aged 20–35 years (154 people), followed by those aged >35 years (18 people) and <20 years (7 people). Most had a high school education (91 people) and were not working (141 people). From an economic perspective, 103 respondents had a family income of $\geq$ IDR3,385,145, and the majority were multiparous (99 people). Based on the results of the analysis of the relationship between respondent characteristics, including age, education level, employment status, income level, and number of children, and the occurrence of baby blues, it can be concluded that, in general, these characteristics do not show a significant relationship with the occurrence of baby blues in postpartum mothers. This indicates that the occurrence of baby blues is not determined by demographic characteristics alone but is influenced by other, more complex factors such as hormonal changes, psychological conditions, and social support received by mothers during the postpartum period.

DISCUSSION

1. Overview of *Baby Blues Syndrome*

The results of the study measuring the prevalence of baby blues syndrome using the Maternal Blues Scale questionnaire by Manurung et al., (2019) found that 24 out of 179 mothers experienced baby blues syndrome. The questionnaire contained a total of 32 statements, with 24 and 8 internal and external statement items, respectively. The internal statement items contained 11 positive and 13 negative statement items, while the external statement items contained 1 positive and 7 negative statements. In the internal statement group, statement number 18, "Hoping the baby will not disturb you during rest time," was the item with the most negative responses, with 19 mothers responding often and very often. This finding illustrates that the mother's need for rest is a crucial aspect that is vulnerable to disruption in the postpartum period, thus triggering the emergence of emotional distress. This shows that physical fatigue due to lack of rest not only affects the mother's physiological condition but also has the potential to reduce the ability to regulate emotions and psychological adaptation during the postpartum period.

In line with research conducted by Elfina, (2020) at the Tinggede Community Health Center, Sigi Regency, it was shown that there were 13 postpartum mothers with good breastfeeding frequency and 7 mothers with poor breastfeeding frequency who experienced problems fulfilling their need for rest. Postpartum mothers need adequate rest and sleep, as these play a crucial role in promoting breast milk production, accelerating uterine involution, and supporting physical recovery after pregnancy and childbirth, enabling mothers to optimally resume daily activities. The ideal rest requirement for breastfeeding mothers is at least 8 hours per day, which can be met through naps and sleep. Lack of rest or sleep during the postpartum period can result in decreased breast milk production, delayed involution, and a decreased ability to care for the baby, all while increasing the risk of depression (Novitasari et al., 2023). The prevalence of baby blues syndrome in postpartum mothers in this study was closely related to the mother's inability to meet adequate rest needs during the postpartum period. The high negative response to the internal statement "hoping the baby doesn't disturb her rest" indicates that disturbed rest and sleep patterns can be a major source of emotional distress for postpartum mothers. This condition can be exacerbated by the demands of caring for a newborn, especially in the early postpartum period, leaving mothers feeling both physically and psychologically exhausted. These findings indicate that postpartum maternal health services should not only focus on monitoring the physical condition of the mother and baby, but also include education on the importance of rest management, role allocation in infant care, and coping strategies to reduce fatigue during the adaptation period. Simple interventions such as encouraging the involvement of partners or family members in infant care can help mothers get adequate rest, potentially reducing the risk of emotional distress in the postpartum period.

Meanwhile, based on the results of the study on the external statement group, 48 mothers were found to have inadequate support sources (26.8%) and 131 mothers to have adequate support sources (73.2%). Based on the results of the study, it was found that the most negative response was given to statement number 1, namely "Worried that the baby care I am doing will not meet the family's expectations," with 14 mothers responding frequently and very frequently. This indicates that in addition to internal factors such as fatigue, pressure from the family environment and concerns about not meeting

expectations also contribute significantly to the emergence of baby blues symptoms in postpartum mothers. These findings demonstrate that the psychological stress experienced by mothers stems not only from postpartum biological changes but is also influenced by perceptions of family judgment and expectations. When mothers feel doubts about their ability to care for their babies, their self-confidence can decrease, making the process of adapting to motherhood more difficult.

In line with research conducted by [Widayati & Febriana, \(2025\)](#) showed that as many as 28 mothers received poor family support, which affected the psychological adaptation of postpartum mothers, where there were 18 mothers with non-adaptive psychological adaptation behavior. Aspects of family support, including emotional, informational, and instrumental support, are very important to help mothers deal with stress, fatigue, and emotional changes during the postpartum period.

Baby blues can arise when a mother feels unprepared for her new role and the arrival of a baby and its attendant responsibilities. A mother's ability to adapt is greatly influenced by various factors such as age, social status, ethnic and cultural background, and demographics. Therefore, efforts are needed to increase the adaptive capacity of not only the mother but also the entire family. If postpartum blues is not optimally managed, this condition can develop into postpartum depression. Mothers in the postpartum period require support from their family and social environment to overcome the various challenges after childbirth. A well-functioning family can provide support that helps the mother accept and care for her baby, while impaired family functioning can hinder this support and make the mother more vulnerable to emotional distress ([Mahundingan & Andriani, 2024](#)). This confirms that postpartum baby blues syndrome in mothers is influenced by a lack of family support, particularly related to maternal stress and anxiety about family expectations regarding infant care. This condition can hinder the mother's psychological adaptation to her new role, increasing her vulnerability to emotional distress during the postpartum period.

The implications of these findings are the need for mental health screening from antenatal care through postpartum visits, along with education for couples and families about the emotional changes that normally occur after childbirth. Health workers, particularly midwives and nurses, also play a crucial role in identifying early signs of baby blues syndrome, providing basic counseling, and encouraging family involvement in supporting the mother's adaptation process. A family-centered approach is expected to accelerate the mother's psychological adjustment, prevent the condition from worsening into postpartum depression, and improve the overall health of both mother and baby.

2. Description of The Relationship Between Respondent Characteristics and The Occurrence of Baby Blues Syndrome

The study results indicate that the majority of respondents did not experience "baby blues" syndrome; however, some mothers still experienced emotional disturbances during the postpartum period. These findings suggest that baby blues syndrome is a multifactorial condition that cannot be explained solely by demographic characteristics. Various biological, psychological, and social factors play a role in influencing a mother's emotional state after childbirth. Therefore, respondent characteristics such as age, education level, occupation, income, and parity were analyzed to determine the overall prevalence of baby blues syndrome.

This study indicates that the majority of postpartum mothers experiencing baby blues syndrome fell within the 20–35 age range (23 individuals; 14.9%); however, no significant association was found between age and the occurrence of baby blues syndrome. These findings align with [Chechko et al., \(2024\)](#), who noted that while age is a predisposing factor linked to hormonal changes and psychological adaptation following childbirth, it is not a direct determinant of the onset of baby blues. Consequently, the absence of a statistically significant link between age and baby blues syndrome may be attributed to the unbalanced age distribution of the respondents. As the majority of respondents belonged to the 20–35 age group, there was relatively little variation in age characteristics, a factor that may have limited the statistical analysis's ability to detect differences in risk across age groups.

Regarding the education variable, the highest prevalence of baby blues syndrome was observed among mothers whose highest level of education was high school (10 individuals; 11.0%) and those with education beyond a bachelor's degree (10 individuals; 16.4%). However, statistical analysis

indicated no significant association between education level and the occurrence of baby blues syndrome. These findings align with the study by [Wulan et al. \(2023\)](#), which also reported no significant relationship between education level and the onset of baby blues in postpartum mothers. A higher level of education does not necessarily reflect a mother's psychological readiness to cope with postpartum changes. Emotional adaptation during the postpartum period is more strongly influenced by experience, social support, hormonal conditions, and the mother's ability to navigate the transition into the parental role.

The study results also indicate that the majority of postpartum mothers experiencing "baby blues syndrome" were non-working mothers, totaling 17 individuals (12.1%). However, employment status did not show a significant association with the occurrence of baby blues syndrome. These findings are consistent with the study by [Fika et al. \(2023\)](#), which stated that employment is not a factor significantly associated with baby blues syndrome. This indicates that working or not working is not the primary determinant of a mother's psychological state during the postpartum period; rather, it is more strongly influenced by the ability to adapt to the maternal role and the support received from family and the surrounding environment. The absence of a link between employment and baby blues syndrome suggests that postpartum psychological distress can affect both working and non-working mothers alike.

In terms of income level, the majority of postpartum mothers experiencing baby blues syndrome came from families with incomes above the regional minimum wage (>IDR 3,385,145), totaling 15 individuals (14.6%). However, the analysis revealed no significant association between income level and the occurrence of baby blues syndrome. These findings align with the study by [Tsabitah et al., \(2023\)](#), which demonstrated that baby blues syndrome can affect mothers across various income levels. High family income does not necessarily guarantee the psychological well-being of postpartum mothers; factors such as emotional support from partners and family, quality of rest, and stress-coping abilities are believed to exert a greater influence than economic status alone. This indicates that economic well-being is not a direct determinant of a postpartum mother's mental health. Instead, psychological factors, emotional support, and the mother's ability to cope with postpartum changes play a more significant role in the onset of baby blues syndrome.

In terms of parity, 13 multiparous mothers (13.1%) experienced baby blues syndrome, compared to 11 primiparous mothers (13.8%). Analysis results indicate that parity is not significantly associated with the occurrence of baby blues syndrome; this aligns with the study by [Gerlone et al., \(2024\)](#), which stated that parity is not a demographic factor significantly linked to the prevalence of baby blues. These findings suggest that prior childbirth experience does not necessarily protect mothers from baby blues syndrome. Multiparous mothers face challenges associated with increased responsibilities in caring for multiple children, whereas primiparous mothers encounter anxiety stemming from a lack of experience. Consequently, the risk of emotional distress exists for both groups.

Both primiparous and multiparous mothers are at risk of experiencing baby blues syndrome, although the underlying causes may differ. Primiparous mothers are generally more vulnerable due to a lack of experience in caring for an infant and navigating the new role of motherhood; conversely, for multiparous mothers, the risk is largely driven by accumulated responsibilities, physical exhaustion, psychological pressure, and the demands of caring for more than one child ([Rainontisi et al., 2025](#)). Therefore, psychological adaptability and family support are more influential factors than the number of previous births in determining the occurrence of baby blues syndrome.

Multiparous mothers remain at risk of baby blues despite having prior childbirth experience. For these mothers, the risk stems not from a lack of experience but rather from the accumulated burden of roles, responsibilities, and life pressures following delivery. Multiparous mothers must adjust to the responsibility of caring for a newborn while simultaneously meeting the needs of their existing children. This situation leads to increased physical and psychological burdens—such as fatigue, stress, and limited time for personal recovery—which can diminish the mother's adaptability and coping mechanisms. Such conditions have the potential to trigger postpartum emotional disturbances, including baby blues syndrome ([Rainontisi et al., 2025](#)). Parity can be associated with the occurrence of baby blues because primiparous mothers tend to have more limited experience and emotional readiness, making them more susceptible to anxiety and mood instability during the postpartum period. However, multiparous mothers

are also at risk due to factors such as exhaustion, short birth intervals, a lack of family support, and unstable psychosocial conditions during the postpartum phase.

Overall, the study results indicate no significant relationship between demographic characteristics and the occurrence of baby blues syndrome. These findings suggest that postpartum emotional disturbances are multifactorial conditions that cannot be explained solely by age, education, occupation, income, or parity. Other factors—such as hormonal changes, social support, sleep quality, childbirth experience, pre-existing psychological conditions, and coping mechanisms—likely exert a greater influence on the onset of baby blues syndrome. Therefore, mental health screening should be provided to all postpartum mothers, regardless of their demographic characteristics.

CONCLUSION AND SUGGESTION

This study identified the occurrence of baby blues syndrome among postpartum mothers in Makassar City and examined its relationship with respondent characteristics. The findings indicate that maternal demographic characteristics were not significantly associated with the occurrence of baby blues syndrome, suggesting that postpartum emotional disturbances are influenced by more complex biological, psychological, and social factors beyond demographic profiles alone.

These findings highlight the importance of early mental health screening and psychosocial support during the postpartum period. Health professionals, particularly nurses and midwives, should integrate routine assessments of maternal emotional well-being, provide health education, and encourage family involvement to promote early detection and prevent the progression of postpartum mental health problems.

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